The Most Common Dermatology Conditions & How to Treat Them

Announcer:
You're listening to Conference Coverage on ReachMD, captured on location at the Congress of Clinical Rheumatology’s Annual Meeting in Destin, Florida. Your host is Dr. Madelaine Feldman, Clinical Associate Professor of Medicine at Tulane University Medical School and Vice President of the Coalition of State Rheumatology Organizations.

Dr. Feldman:
This is Dr. Madelaine Feldman. I am speaking to you from the Congress of Clinical Rheumatology in the beautiful town, beach town, of Destin, Florida. This is one of the premier meetings of rheumatology in the United States, and this year it had record-breaking numbers. Over 600 attendees were present at this year’s Congress of Clinical Rheumatology.

Dr. Femia gave some very quick, helpful hints on several conditions that manifest and are seen in dermatology clinics. One is the puffy hand syndrome of scleroderma along with the salt and pepper dyspigmentation. Both of those have been very difficult to treat in the past, and she stated that mycophenolate mofetil at 1,500 mg twice a day works very well, but the one thing she said that you must remember is that it can take 6 months before it starts working, but it actually works in both of
these very difficult-to-treat manifestations of scleroderma. The second pearl was with eosinophilic fasciitis, that methotrexate and steroids were the 2 useful medications in that condition. And something new in Raynaud’s: She said that Botox 10 units injected into the interdigital spaces between the fingers is very helpful in restoring blood flow and healing ulcers in patients with difficult Raynaud’s.

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